IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re:

Our file:

4171/8/1

Art Unit: 3763

Applicant:

Michael Conte

Examiner:

Serial No.:

10/795,970

Filing Date: Title:

03/08/04 Safety Syringe With Cap Holding Device

Sir:

Enclosed for filing in the United States Patent and Trademark Office is the following:

Transmittal of Information Disclosure Statement 1.

2. Form PTO-1449

3. Copies of References from Form PTO-1449

Transmittal Sheet 4.

5. Postcard Receipt

CONDITIONAL PETITION

If any extension of time is required for the submission of the above-identified items, Applicant requests that this be considered a petition therefor. Please charge any additional charges or any other charges relating to this matter to the deposit account of the writer, Account No. 06-2143. A duplicate copy of this letter is enclosed.

enc.

Respectfully submitted,

Registration No. 33,884

Wolff & Samson PC

One Boland Drive

West Orange, NJ 07052

Tel: (973) 530-2024

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I hereby certify that this correspondence is being deposited with the United States Postal Service, First Class Mail, postage prepaid, to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 7 1904

TR	ANSMITT A	Docket No. 4171/8/1								
In Re Application Of: Michael Conte										
Арр	lication No.	Filing Date	Examine	er er	Customer No.	Group Art Unit	Confirmation No.			
10/795,970		03/08/04			20694	3763				
Title: Safety Syringe With Cap Holding Device										
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
			37 CF	R 1.97(b)						
1. ৻∠	1. A The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.									
 The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: 										
☐ the statement specified in 37 CFR 1.97(e);										
	OR									
	☐ the	fee set forth in 37 CF	R 1.17(p).							
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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c)) (PE						Docket No. 4171/8/1		
In Re Application: Michael Conte								
Application No.	Filing Date	Examine	ENT & TRAD	Customer No.	Group Art Unit	Confirmation No.		
10/795,970	03/08/04		_	20694	3763			
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account is beir	s document and authoriza ng facsimile transmitted demark Office (Fax. No.		I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
(Date)		San III						
	Signature	Signature of Per	erson Mailing Correspondence					
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Typed or Printed Name of Person Signing Certificate Typed or					ped or Printed Name of Person Mailing Certificate			
*This certific deposit acco	cate may only be used unt.	if paying by	Dated:	7/19/04				
	Signature			1/1,0				
Michael R. Friscia Pogistration No. 23 884								
Registration No. 33,884 Wolff & Samson PC								
One Boland Drive								
West Orange, NJ 07052								
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Fax: (973) 530-2224								
cc:								

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INITIAL	1	5,791,471	09/11/1009	Radmand	206	366	1F APPROPRIATE 08/01/1997		
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	2	5,356,385	356,385 10/18/1994		604	110	12/27/19		
·	3	5,322,164	06/21/1994	Richardson, et al.	206	206 366		10/05/1993	
			U.S. PATENT	Γ APPLICATION PUBLICATIO	NS		•		
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		r:	FORE	IGN PATENT DOCUMENTS	·		1		
	REF	F DOCUMENT NUMBER DATE		COUNTRY	CLASS	SUBCLASS	Trans YES	NO NO	

			OTHER	OCUMENTS (Including	Author, Title, Date, P	Jantin and Books E	(a.)		
		"Safe-Mate - The Safet		Il Syringes," safety and compli				(1 page).	
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=		"Safe-Mate - The Safet	ty Needle for Meta	ll Syringes," product descripti	on, MedPro. Inc 2	002 (2 pages).			
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Form PTO-A820 (also form PTO-1449)

		. 616	E	Docket Number (Optional)	Application Number			
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INF		ATION DISCLOSURE CITATION	2001	Applicant(s) Michael Conte				
		(Use several sheets if necessary) JUL 2	. 1 2004 벌	Filing Date	Group Art Unit			
		PE		03/08/04	3763			
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		"ScoopCap Safety Needles," JRM Ente	rprises, 199	9 (1 page).				
•	6							
	"You'll Feel Safe and Secure With Palmero Heath Care's OSHA Compliance Systems!," product description (1 page).							
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	"Hypo Safety Cartridge Syringe," MPL Technologies (1 page).							
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not considered. Include copy of this form with next communication to applicant.